

**Health Information and Quality Authority  
Regulation Directorate**

**Compliance Monitoring Inspection report  
Designated Centres under Health Act 2007,  
as amended**



<b>Centre name:</b>	Riverside Nursing Home
<b>Centre ID:</b>	OSV-0000154
<b>Centre address:</b>	Toberburr Road, St Margarets, Co. Dublin.
<b>Telephone number:</b>	01 840 8329
<b>Email address:</b>	derry@harveyhealthcare.ie
<b>Type of centre:</b>	A Nursing Home as per Health (Nursing Homes) Act 1990
<b>Registered provider:</b>	Willoway Nursing Home Limited
<b>Lead inspector:</b>	Sonia McCague
<b>Support inspector(s):</b>	Leanne Crowe
<b>Type of inspection</b>	Unannounced Dementia Care Thematic Inspections
<b>Number of residents on the date of inspection:</b>	41
<b>Number of vacancies on the date of inspection:</b>	9

## **About Dementia Care Thematic Inspections**

The purpose of regulation in relation to residential care of dependent Older Persons is to safeguard and ensure that the health, wellbeing and quality of life of residents is promoted and protected. Regulation also has an important role in driving continuous improvement so that residents have better, safer and more fulfilling lives. This provides assurances to the public, relatives and residents that a service meets the requirements of quality standards which are underpinned by regulations.

Thematic inspections were developed to drive quality improvement and focus on a specific aspect of care. The dementia care thematic inspection focuses on the quality of life of people with dementia and monitors the level of compliance with the regulations and standards in relation to residents with dementia. The aim of these inspections is to understand the lived experiences of people with dementia in designated centres and to promote best practice in relation to residents receiving meaningful, individualised, person centred care.

Please note the definition of the following term used in reports:  
responsive behaviour (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment).

**Compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.**

This inspection report sets out the findings of a monitoring inspection, the purpose of which was to monitor compliance with specific outcomes as part of a thematic inspection. This monitoring inspection was un-announced and took place over 1 day(s).

**The inspection took place over the following dates and times**

From: 26 September 2018 10:00 To: 26 September 2018 17:00

The table below sets out the outcomes that were inspected against on this inspection.

<b>Outcome</b>	<b>Provider's self assessment</b>	<b>Our Judgment</b>
Outcome 01: Health and Social Care Needs	Compliance demonstrated	Compliant
Outcome 02: Safeguarding and Safety	Compliance demonstrated	Compliant
Outcome 03: Residents' Rights, Dignity and Consultation	Compliance demonstrated	Compliant
Outcome 04: Complaints procedures	Compliance demonstrated	Compliant
Outcome 05: Suitable Staffing	Compliance demonstrated	Compliant
Outcome 06: Safe and Suitable Premises	Compliance demonstrated	Compliant

**Summary of findings from this inspection**

As part of the thematic inspection process, providers were invited to attend information seminars given by The Health Information and Quality Authority (HIQA). In addition, evidence-based guidance was developed to guide the providers on best practice in dementia care and the inspection process.

Prior to the inspection, the provider and person in charge completed the self-assessment and scored the service against the requirements of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 and the National Standards for Residential Care Settings for Older People in Ireland. The previous table outlines the self-assessment and the inspector's rating for each outcome.

Inspectors met with residents and staff members during the inspection. The journey of a number of residents with dementia was tracked. Care practices and interactions

between staff and residents who had dementia were observed. Documentation such as care plans, medical records and staff training records were also reviewed.

The centre provided a service for up to 50 residents with 41 residents in occupancy on the day of the inspection. The centre provided long stay and respite care. On the day of the inspection there were 25 (60%) residents with a diagnosis of dementia.

Residents who spoke with the inspectors were very positive about the centre and the staff team. A review of care records showed residents' needs were being assessed and reviewed on a regular basis, and changes were made to how care was delivered if residents' needs had changed.

Residents were positive about the support provided by staff, and inspectors observed good communication approaches to residents throughout the centre. Residents confirmed to inspectors they felt safe, and staff confirmed they knew the policy and procedure to ensure residents were safeguarded in the centre.

There were systems in place to support residents making choices about their daily lives, and the person in charge promoted the values of dignity in respect through the staff team. Residents' were able to provide feedback on the service they received either directly to staff or during residents meetings. If they had complaints to raise the policy was clear, and information about the process was available on the noticeboards throughout the centre.

The premises were purpose built, and it supported residents' privacy and dignity in that most bedrooms were either en-suite or located close to bathroom facilities. There were a range of rooms for activity, relaxation and social gatherings. There was unrestricted access to enclosed courtyards at the rear and to the centrally located one through a number of doors. These safe outdoor areas provided a pleasant atmosphere and many opportunities for residents to interact and engage.

**Compliance with Section 41(1)(c) of the Health Act 2007 and with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.**

***Outcome 01: Health and Social Care Needs***

**Theme:**

Safe care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Residents' healthcare needs were being met and care provided followed evidence based practice policies and procedures.

There was a clear process in place for assessing residents' needs prior to admission to ensure they could be met in the centre. The admissions policy was clearly written and was being followed by staff in practice.

There were systems in place for communications between the resident/families, the acute hospital or public health providers and the centre. The person in charge visited prospective residents in hospital or at home prior to admission. Residents' files held relevant information such as discharge letters from hospital or common summary assessment reports completed by a multi-disciplinary team of health professionals. Residents who were transferred to hospital from the centre had appropriate information about their health, medications and their specific communication needs included with a transfer letter.

On admission a range of validated assessment tools were used to assess each resident's abilities and needs. Care plans were subsequently developed to identify how the resident's care needs were to be met. Assessments in relation to activities of living, personal and social care, preferences and previous routines were determined to inform interventions and care planning. The involvement of family and previous care providers were central to the assessment and care planning process delivered. Care plans were reviewed at least every four months, and a range of nursing tools were used to assess if changes in abilities or needs occurred. Areas assessed included the risk of pressure areas, risk of falls, risk of malnutrition, mood and cognitive ability.

Care plans were seen to reflect residents' individual preferences and provided information on their social and health history. Families were asked to provide information if residents were not able to provide it. Some residents had a detailed passport document that included the resident's preferred approach and routine when supporting their activities of living. The personal and social information gathered was also used to plan the social activities and engagement in the centre. Inspectors

observed care being delivered as described in resident care plans.

There was access to general practitioners (GP), and the out of hour's or acute services was used if required. Each new resident was seen by the GP following their admission and thereafter as needed. Staff confirmed and records showed there was also access to a range of allied health professionals. Residents had been seen by the dietician or speech and language therapist if they had needs relating to weight loss, nutrition, eating and drinking. A physiotherapist had carried out assessments for residents who required support with mobility and seating. There was access to psychiatry, chiropody, dental, and optician services as required and upon referral. Staff, residents and records examined confirmed that these services had been provided to residents in the centre. Access to occupational therapy was available and generally sourced privately.

End of life care needs were discussed with residents and relatives on admission, and again when residents felt comfortable to talk about it with staff. Residents were asked about their wishes in relation to the type of care they wanted to received, and their preferences including where they were to be cared for. For example, one resident's expressed wish was to have 'soft music playing on the radio in the background and the windows open to hear birds'. Where residents had stated preferences these were clearly recorded. If residents' had expressed a wish not to be actively treated or transferred to hospital or to be resuscitated this had been discussed, reviewed and agreed with the relevant parties including the GP before it was recorded in resident's notes. Staff in the centre were aware of the key areas of care at end of life, and were able to make arrangements for friends and family to be with the resident if that was their choice.

**Judgment:**  
Compliant

## ***Outcome 02: Safeguarding and Safety***

**Theme:**  
Safe care and support

### **Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

### **Findings:**

There were measures in place to protect residents from being harmed or suffering abuse, and to promote resident's safety.

There was a policy and measures in place for the prevention, detection and response to abuse of residents. Staff spoken with were clear what actions to take if they observed, suspected or had abuse reported to them. Training records confirmed staff had received training in how to safeguard residents. The person in charge promoted dignity and respect of residents in the centre and this was seen to be put in to practice by the staff team. Reporting systems were in place and lessons learnt from incident reviews had

resulted in measures in place to prevent harm and improve resident safety.

At the time of the inspection residents with responsive behaviour were being effectively supported by staff. Relevant training including how to support residents with dementia and behavioural and psychological signs and symptoms of dementia (BPSD) which had been provided and completed by staff. Inspectors observed communication and interaction with residents who had dementia that focused on reminiscence and speaking about subjects that were meaningful to individuals, for example life in the city, previous occupations and music in the dance halls. This resulted in positive outcomes for the residents and they were supported to remain engaged in their surroundings. There was a policy in place covering the management of responsive behaviour and where necessary there were links with the local hospital and psychiatric services.

The provider was committed to implementing the national policy 'towards a restraint free environment', and overall the use of restrictive practice in the centre was low. There was a policy on enablers and restraint use in the centre that set out the procedure to use when considering if a restriction would result in a positive outcome for residents. Where enablers and restrictions were in place there was a clear record of the assessment and decision making process including other less restrictive measures trialled. Decisions were also reviewed regularly to ensure they remained the least restrictive option available.

There were clear records for finances in the centre. Where the provider was a pension agent there was a separate account to the business account for residents' money.

**Judgment:**

Compliant

***Outcome 03: Residents' Rights, Dignity and Consultation***

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

The inspectors found that residents were consulted regarding the planning and organisation of the centre. Residents' privacy, dignity and right to make choices about how they spent their day was promoted and respected. Residents were facilitated to exercise their civil, political and religious rights. Activities available and provided met the interests and capabilities of each resident. Inspectors found that residents, including residents with dementia, were empowered and assisted to enjoy a meaningful quality of life in the centre. Residents with dementia integrated well with other residents in the centre.

There was evidence that feedback was sought from residents on an ongoing basis, including residents with dementia. A recent survey had been distributed to residents by the person in charge. She had reviewed the findings and actioned any issues that had been identified in the surveys. Additionally, a residents' committee met on a regular basis throughout the year. This was facilitated by an independent advocate and attended by members of the nursing management team. Records of these meetings indicated that they were well attended by residents and relatives, and items such as food quality, activities and staffing were discussed. The majority of residents spoken with by inspectors expressed satisfaction with the service they received and with living in the centre.

There was an open visiting policy in place, but this policy also ensured that mealtimes were protected times for residents. There were a number of rooms available to residents to receive visitors in private.

A comprehensive activity programme was well established in the centre, which was informed by regularly reviewed assessments of residents, their preferences, interests and capabilities. The activity schedule was displayed and included activities that were suitable for residents with dementia. Care staff supported the activity co-ordinator in facilitating outings, group and one-to-one activities as part of their role. Group activities on the day of inspection included arts and crafts, ball games and live music, which took place in various communal rooms throughout the building. A number of activities had been devised for residents with dementia, including aromatherapy, use of memory boxes and sensory stimulation sessions.

A library, relaxation room, courtyards, sensory garden and other areas were also available to residents in order to support engagement in meaningful activities that met their preferences and capabilities. The activities co-ordinator described a pen pal initiative that had been developed with a local school as well as an on-site animal farm that was enjoyed by residents. Inspectors observed a number of activities throughout the day of the inspection. It was noted that while activities were well executed, there were two periods of time during the inspection whereby residents in a communal room were not supported to engage in any meaningful activity. This observation indicated that residents' lives were positively enhanced by the activity programme provided, but work was required to ensure the quality was maintained across all areas of the centre. This information was provided to the management team, who had recently identified this issue and were endeavouring to develop a solution.

Inspectors observed the quality of interactions between staff and residents using a validated observational tool to rate and record these interactions at five minute intervals in a dining-room, sitting room and activity room. Scores for the quality of interactions are +2 (positive connective care), +1 (task orientated care), 0 (neutral care), -1 (protective and controlling), -2 (institutional, controlling care). The scores reflect the quality of the interactions with the majority of residents. Inspectors' observations concluded that, for the majority of the observation periods, positive connective care was provided to residents by staff. However, during a twenty-minute observation period in a sitting room, neutral care was mainly provided by staff.

Throughout the inspection, staff members were courteous and kind when addressing

residents and visitors, and sufficiently respectful and discreet when attending to the needs of residents. It was evident that staff were very knowledgeable regarding the residents they cared for. Staff ensured that residents' privacy and dignity were maintained by knocking on bedroom and bathroom doors before entering rooms, and by ensuring doors were closed and screens were pulled while delivering personal care. Residents' right to refuse treatment or care interventions were respected.

Residents' communication care needs were assessed and documented in care plans. Staff were aware of each resident's communication needs, particularly the needs of residents with dementia.

Residents had access to internet and telephone facilities, and to local media.

**Judgment:**

Compliant

***Outcome 04: Complaints procedures***

**Theme:**

Person-centred care and support

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Inspectors found that there was an effective policy and procedure in place for the management of complaints, including an appeals process. A summary of the complaints process was displayed at the entrance to the centre.

The person in charge was responsible for dealing with complaints and a second nominated person was responsible for ensuring that all complaints were appropriately recorded and responded to.

A complaints log was maintained in the centre, which was made available to inspectors for review. The log was found to contain all of the information required by the Regulations, including details of the investigation into the complaint, and the outcome of the complaint. All complaints were found to be resolved in a timely manner. Inspectors were informed that complaints were discussed at the centre's management meetings. There were no open complaints at the time of the inspection.

Staff who spoke with inspectors could describe how they would support residents with dementia to make a complaint, should they wish to do so.

**Judgment:**

Compliant

## ***Outcome 05: Suitable Staffing***

**Theme:**  
Workforce

**Outstanding requirement(s) from previous inspection(s):**

No actions were required from the previous inspection.

**Findings:**

Inspectors found that there was a sufficient number of staff with the appropriate skills, qualifications and experience to meet the assessed needs of all residents, including those with dementia. Staff were observed to interact with residents in a kind, respectful and dignified manner.

There was a planned and actual staff rota in place, and inspectors observed that staffing levels were planned in line with size and layout of the building and the dependency levels of residents. A registered nurse was on duty at all times to provide nursing care as required to residents. Residents were closely supervised by staff and staff were available to meet residents' needs throughout the day of inspection.

There were effective procedures in place for the recruitment, selection and vetting of staff. Inspectors reviewed a sample of staff files and found that they contained all of the information as required by Schedule 2 of the Regulations, including Garda Síochána vetting disclosures. The person in charge confirmed that all staff had a completed disclosure prior to commencing employment in the centre. Evidence of up-to date professional registration for nursing staff was also provided.

Training records were maintained in the centre, and indicated that the majority of staff had completed up-to-date training in fire safety, moving and handling practices and the prevention, detection and response to abuse. A small number of staff required refresher training in fire safety and the prevention, detection and response to abuse, but training had been scheduled in the weeks following the inspection. A variety of education and relevant training was also made available to staff to support their professional development and to deliver care in line with evidence-based practice, including dementia care. Staff who spoke with inspectors were able to accurately describe various aspects of the training they received.

There was a robust induction programme for newly-recruited staff, with probation reviews completed on the second, fourth and sixth month of employment. Annual appraisals were also completed with all staff. Evidence of probation reviews and appraisals were seen by inspectors.

No volunteers were currently operating in the centre.

**Judgment:**  
Compliant

## ***Outcome 06: Safe and Suitable Premises***

### **Theme:**

Effective care and support

### **Outstanding requirement(s) from previous inspection(s):**

The action(s) required from the previous inspection were satisfactorily implemented.

### **Findings:**

The centre was purpose built and met the needs of the residents in its layout, and design. It was homely and residents said they found it comfortable. The action from the previous inspection in relation to the storage of equipment was addressed but required on-going review.

Bedroom accommodation comprises 28 single (56%), eight twin and two bedrooms with three beds (44%). On the day of inspection a maximum of two residents occupied the shared bedrooms. Thirty the 38 bedrooms had an en-suite facility and a variety of communal bathroom and toilet facilities were available within close proximity of residents bedrooms. Inspectors viewed a selection of occupied bedrooms with residents and found they had been personalised to each individual's preference. Furniture was provided in each room, including a comfortable chair and lockable drawer. Residents were able to bring additional items with them if they chose to. There was a call bell located by the bed and in the en-suite if they needed to call for assistance. Most windows had been designed to provide good levels of sunlight and views outside even when the resident was in bed. There was overhead and bedside lighting for residents to use as they chose. All bedroom doors had a clear number and if residents chose they could have a picture on the door also. This concept was to be developed further to enhance orientation.

The centre had sufficient space for dining and a range of lounge areas. They were decorated in a homely way and seating was arranged to provide different options, for example watching the television, facing the fire place or looking out of the window. There was a range of seating available including comfortable sofas, high backed chairs, and chairs with arms to support individual preference but also to take account of residents differing mobility needs. There were many seating areas, off the corridors to aid those who needed or chose to rest when walking around but also to support socialisation opportunities. There was a library, a visitor's room, a sensory room and activity room that residents were seen to be using.

Corridors had been decorated with art and photographs from a local events and group outings attended by residents, and signs were in place to support residents, including those with dementia, to find their way around. The corridors also allowed for residents to walk or mobilise with their mobility aids unimpeded.

On the day of the inspection the centre was a comfortable temperature, well lit and

ventilated. There were handrails on both sides of corridors and grab rails in bathrooms that were of contrasting colour to the sanitary wear. Flooring was seen to be non slip and free from trip hazards. There were aids and adaptations available in the centre to meet the needs of the residents and storage arrangements to put them away when not in use.

The household team was seen to be working to ensure the centre was well presented and clean throughout. There were also laundry arrangements in place and residents were satisfied with the care of their belongings.

Unrestricted access to outdoors was available. A central courtyard was accessible through unlocked doors from each of three internal communal/ rooms. Another secure and featured courtyard garden used by residents was located at the rear. Residents were invited and supported to be involved in those areas if they liked the outdoors, gardening and farm animals that were grazing in the adjoining field.

**Judgment:**

Compliant

## Closing the Visit

At the close of the inspection a feedback meeting was held to report on the inspection findings.

### **Acknowledgements**

The inspector wishes to acknowledge the cooperation and assistance of all the people who participated in the inspection.

### ***Report Compiled by:***

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